

PRIVATE DETECTIVE AGENCY RENEWAL ADDENDUM FOR ONLINE PAYMENTS

Agency Name: _____ Credential Number: _____

Please fill in the agency name and credential number and complete the information below. You can then fax this form to the Renewal Office at (608) 267-1803. Even though you paid online, the renewal requirements will not be complete until we receive the necessary signatures on this form and a copy of the new bond or proof of insurance if the expiration date is prior to 9/2/04.

You must check either "yes" or "no", and obtain signatures as follows: For a SOLE PROPRIETORSHIP, the sole proprietor must sign; for a PARTNERSHIP, all partners must sign; for a CORPORATION, the secretary and either the president or vice president must sign; and for a LIMITED LIABILITY COMPANY, all members must sign.

☐ YES ☐ NO HAS ANY OFFICER, PARTNER, MEMBER OR SOLE PROPRIETOR BEEN CONVICTED WITHIN THE PAST TWO YEARS OF A FELONY, A MISDEMEANOR OR A VIOLATION OF ANY STATE OR LOCAL LAW (OTHER THAN TRAFFIC) THAT IS PUNISHABLE BY A FORFEITURE, OR, ARE CHARGES PENDING? (If YES, provide information.)

SIGNATURE AND TITLE

DATE

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MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.